



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Division of Medical Assistance**  
600 Washington Street  
Boston, MA 02111  
[www.mass.gov/dma](http://www.mass.gov/dma)

Eligibility Operations Memo 02-1  
January 1, 2002

TO: MassHealth Eligibility Operations Staff

FROM: Tom DeVouton, Director, MassHealth Enrollment Center Operations *Tom DeVouton*

RE: **Extended Coverage Project – Phase II: TMA**

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**Introduction**

On August 31, 2000, the Division revised its regulations to provide an additional 12 months of MassHealth Standard coverage to certain members whose family group income increased to above 133% of the federal poverty level (FPL) because of an increase in earned income. These regulatory revisions were made to comply with federal law.

Phase II of the Extended Coverage Project, Transitional Medical Assistance (TMA), will begin on January 7, 2002. (Phase I, Rental Income Group, was implemented on March 1, 2001.) For Phase II, the Division will look at members who should have received extended eligibility (TMA) between July 1, 1997, and August 31, 2000, and will:

- reinstate for 65 days those members who may have lost MassHealth Standard coverage during this time period because of an increase in earned income; and
- review the eligibility determinations of these members to determine if they may be eligible for reimbursement for out-of-pocket expenses for medical services they received during a time when they should have been eligible for MassHealth Standard coverage.

This memo describes the process for reviewing eligibility and the rules for reinstatement and reimbursement.

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**Taunton MEC**

The Taunton MassHealth Enrollment Center (MEC) has been assigned to implement Phase II. Designated staff at the Taunton MEC will handle all aspects of this project. A dedicated toll-free telephone line has been established to handle all customer service inquiries about this project. This number is **1-888-338-9113**.

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**TMA Group**

There are approximately 85,500 persons who may have been terminated or downgraded from a category 40, 48, or 43 (if in a family) because of an increase in earned income between the dates of July 1, 1997, and August 31, 2000.

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**Eligibility Review  
and Reinstatement**

Each identified household will receive a notice listing all identified members who may have lost eligibility for MassHealth Standard because of an increase in earned income. These members will be able to choose any or all of the following options.

- Reinstatement on MassHealth Standard for a 65-day time-limited period.
- Review of their files to determine if they are eligible for reimbursement of out-of-pocket expenses.
- Review of current eligibility if they complete a new Medical Benefit Request (MBR).

Reinstatement

- Upon request, members listed on the notice who are not currently receiving MassHealth will be reinstated on MassHealth Standard for a period of 65 days.
- The reinstatement period will begin on the date the worker enters the information on MA21 going forward 68 days (allowing three days for mailing).
- Members will receive a notice stating the start and end dates of the reinstatement period. No additional notice will be sent to members at the end of the reinstatement period.

Note: A child born to a listed member during the July 1, 1997, to August 31, 2000, time period will also be reinstated.

Review and Reimbursement

- Upon request, the eligibility files of identified members will be reviewed to determine if the members would have been eligible for an additional 12 months of MassHealth Standard coverage at the time that their increase in earned income increased the family group income to above 133% of the FPL.
- If it is determined that any members should have received extended coverage, they will be sent a notice telling them what the effective dates of eligibility were and a Refund Packet. (See page 3 of this memo for the types of refunds.)

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**Eligibility Review  
and Reinstatement  
(cont.)**

Review for Current Eligibility

- Upon request, members will be sent an MBR.
  - A determination of current eligibility will be made upon receipt of the completed MBR.
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**Refund Packet**

A Refund Packet will be sent to any family group member who is determined eligible for a refund. The packet contains:

- member refund claim forms;
  - instructions on how to complete the claim form;
  - notices to providers; and
  - a self-addressed, stamped envelope.
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**Types of Refunds**

There are three types of refunds.

1. **Refund of out-of-pocket expenses.** A member is potentially eligible for a refund for out-of-pocket medical expenses that would have been covered by MassHealth (including copayments and deductibles) during the retroactive eligibility period. A refund is contingent upon the member providing proof of payment. Refunds will be processed through MA21 using a program established for use by the staff at the Taunton MEC.
  2. **Premium adjustments.**
    - A member may receive:
      - a) a refund for any premium amounts he or she actually paid during the retroactive eligibility period; or
      - b) a refund to reflect an adjustment to the premium assistance payments that the member received from the Division.
    - The refund may be for the entire amount of the premium or for the difference between the amount paid and the new premium amount.
    - This refund includes premiums for MassHealth CommonHealth or MassHealth Family Assistance (Purchase of Medical Benefits), or an adjustment to the amount of the Family Assistance Premium Assistance payment.
  3. **Payment of outstanding bills.** A provider (either MassHealth-enrolled or not MassHealth-enrolled) can submit a claim for MassHealth-covered services that were provided during the retroactive eligibility period.
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**New MA21  
Category Type**

Category type **AA** is a new category that will be used on MA21 for the 65-day reinstatement period.

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**Inquiries**

Stamp the date of receipt on all inquiries or correspondence you receive about this project and direct them to the following address.

**Extended Coverage Project  
Taunton MassHealth Enrollment Center  
21 Spring Street  
Taunton, MA 02780-3400**

**1-888-338-9113**

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**Questions**

Please direct questions about this memo and the Extended Coverage Project to the MassHealth Policy Hotline through the designee at your enrollment center.

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